

**~HOT TOPICS SPECIAL EDITION~**  
**October 2, 2024**

**IMPORTANT INFORMATION ABOUT PRESCRIPTION DRUG  
COVERAGE FOR STATE RETIREES**

The State of Maryland Prescription Drug Plan will end on December 31, 2025, so you **MUST** enroll in an individual Medicare Part D prescription drug plan. This applies to all State of Maryland retirees, including all retired judges, their spouses, and the surviving spouses of judges who have passed away.

Here are some frequently asked questions and answers:

***Right now, I receive “Explanation of Benefits” statements for prescription drugs that are entitled “Medicare Part D.” Does that mean I’m already in Medicare Part D?***

NO! Those EOBs come from the State group plan that is ending. It technically qualifies as a group Part D prescription drug plan but no longer will exist after December 31. To have prescription drug coverage in 2025, you must enroll in your own individual Medicare Part D plan.

***When can I enroll in Medicare Part D?***

Between October 1, 2024, and December 31, 2024. If you enroll after that you may be penalized.

***I’m married and my spouse has been on my State prescription drug plan. Do I enroll both of us on my Medicare Part D plan?***

NO! You and your spouse each must enroll in an individual Medicare Part D plan. Your plans may wind up being the same, by coincidence, but you must enroll separately.

***Where can I enroll?***

You can enroll either through Medicare or through VIA Benefits.

### ***How do I enroll through Medicare?***

Go to the Medicare.gov website. You should have an account because you already receive Medicare Part A (Hospital) and Part B (Medical). If you don't have an account create one.

You can search for Part D plans either by going into your account or without doing so. You probably will get more information by going into your account. Either way is user friendly. You will be asked to enter the drugs you are taking; be as complete as possible. You also will be asked for your address or zip code. A list of pharmacies (including mail order) will appear and you may choose up to five. (It is better to choose several because some plans have deals with particular pharmacies.) A list of prescription drug plans will pop up that shows you the monthly premium and deductible for each. (In 2025, the maximum allowable deductible is \$590). For any of these plans you can click on "plan details," which will show you additional information. You can explore all of this without enrolling just to research what is available. If you decide to enroll in a plan on Medicare.gov, do so through your account.

Be aware that when you do this search on Medicare.gov by logging into your account, it will show that you have a Medicare Part D plan now. This is the State group plan that is ending, so you cannot renew it or rely on it continuing. You must enroll in your own individual Medicare Part D plan.

If you'd rather speak to a human being to help you, you can call Medicare at 1-800-633-4227.

### ***How do I enroll through VIA Benefits, and what is that?***

VIA Benefits is a company the State of Maryland recently contracted with to counsel State retirees and their Medicare-eligible dependents, such as surviving spouses, about Medicare Part D prescription drug plans. You can create an account with them by going to [myviabenefits.com/maryland](https://myviabenefits.com/maryland). Once you do that you can research Medicare Part D plans in much the same way as you can do on the Medicare.gov website.

Through VIA Benefits you can sign up for telephone counseling or various webinars and in-person meetings VIA Benefits is holding. Even if you don't

sign up you probably will get a phone call from a VIA Benefits representative about enrolling in Medicare Part D. When you speak to a VIA Benefits representative, it will be helpful to have your Medicare card, a list of your prescriptions, and the names of your doctors and pharmacies available. The representative can review the various plans that suit you and if you decide on a plan, enroll you in it.

You can contact VIA Benefits by phone: 1-855-556-4419.

***Are there pros and cons to enrolling through Medicare or through VIA Benefits?***

YES! THIS IS IMPORTANT TO KNOW!

Medicare.gov offers many more Medicare Part D plans than VIA Benefits does. The plans that VIA Benefits offers are a subset of those that Medicare Part D offers.

If you enroll through VIA Benefits, you may be able to take advantage of two special State programs (see below). If you enroll through Medicare you cannot take advantage of these programs. However, if you are not eligible for those programs anyway, that advantage does not exist.

As noted, VIA Benefits will counsel you about which Part D plan is most suited to you from the standpoint of the drugs you are taking, the premium amount, the deductible, and how the plan is managed. Plans have various tiers of drugs and some may require prior approval or certain steps to be fulfilled. When you enroll through Medicare, you probably won't receive counseling. It may be that you can have a counseling call with a VIA Benefits representative about specific Medicare Part D plans, but later enroll through Medicare directly and not through VIA Benefits.

According to a VIA Benefits representative, whether you enroll through them or through Medicare, you can arrange to have the monthly cost of your Part D coverage deducted from your monthly Social Security payment. Previously, the Department of Management and Budget indicated that if you enroll through VIA Benefits, you will be billed the monthly premium for the plan you enroll in. If you enroll through Medicare you may be able to participate in a program that spreads your out-of-pocket costs across the calendar year.

***What are these two special State programs you refer to?***

The main one is the “Health Reimbursement Arrangement Program” (HRA). If you are eligible for this program, you will receive a debit card at the beginning of the year loaded with \$750 or, for a retiree and spouse, \$2,000. The money in the HRA can be used to pay out-of-pocket costs of prescription drugs. To be eligible you (or your deceased spouse who was a judge) must have been hired on or before June 30, 2011, and must have retired on or before January 1, 2020. Having money available in your HRA means you don’t have to incur out-of-pocket expenses and then wait to be reimbursed. Money in your HRA cannot be used to pay your premiums. At the end of the year, money left in your HRA will be returned to the State. Your HRA will be reloaded at the beginning of each year.

The “Life-Sustaining Prescription Drug Assistance Program” reimburses you for out-of-pocket expenses you pay for life-sustaining drugs that are not covered by Medicare Part D but are covered by the State’s prescription drug plan for employees (non-retirees). To be eligible you (or your deceased spouse who was a judge) must have been hired on or before June 30, 2011 and retired thereafter.

Retirement is defined as becoming eligible for pension payments.

Also, to be eligible for either of these plans, you must enroll in a Medicare Part D plan through VIA Benefits and you must continue your group medical coverage through the State (see below).

***Are there other limits on out-of-pocket expenses?***

YES! Under the federal Inflation Reduction Act, there is a \$2,000 per person annual cap on out-of-pocket costs for prescription drugs under Medicare Part D. This means that once you actually have paid \$2,000 in out-of-pocket expenses, no more out-of-pocket costs can be imposed. At this point, we do not know whether exceptions apply. This limit does not apply to your premiums. (The Inflation Reduction Act also limits the cost of certain drugs, such as insulin).

***What is a formulary and what should I know about it?***

Each Medicare Part D plan has its own formulary, that is, the drugs covered by that plan. By law, certain categories of drugs must be included in all formularies. Also by law, certain drugs, such as weight loss medications and erectile dysfunction medications, are not permitted to be covered by Medicare.

You should aim for a Medicare Part D plan that has a robust formulary. The formulary for a particular Medicare Part D plan should be viewable on Medicare.gov or on the VIA Benefits website or on the website for the company providing the plan (for example, United Healthcare or Humana). Please keep in mind that if you enroll in a Medicare Part D plan that appears to be inexpensive, *i.e.*, has a low premium, it may not be inexpensive for you if it has a limited formulary that doesn't cover all your medications. Not only will you pay full price for a medication not in the formulary but also you will not be able to take advantage of any program that limits or caps out-of-pocket expenses, including the \$2,000 cap under the Inflation Reduction Act, for that medication. Out-of-pocket expenses that can be reimbursed or capped only are incurred for drugs covered by your plan. It is crucial that you enroll in a plan that includes all your medications.

***What if I get sick with a new diagnosis and need a prescription drug that is not covered by the Medicare Part D plan I enrolled in?***

All Medicare Part D plans must have a process for “formulary exceptions” that lets you request coverage for a drug not in your plan’s formulary that you come to need due to a new diagnosis. This will involve working with your Part D plan and your treating doctors. The request may be granted or denied, and there is an appeal process. (If the request is granted, you will be informed at the end of the year whether the drug will be covered for the following year.) Every year you will be enrolling in a Medicare Part D plan during open enrollment. During the next open enrollment, you can try to sign up for a Medicare Part D plan that has the drug that you need.

***Will my monthly premium for a Medicare Part D prescription drug plan be affected by “IRMAA,” like the cost I pay for Medicare Parts A (Hospital) and B (Medical)?***

YES! The amount you pay for Medicare Parts A and B is calculated based on your income for the past two years and your tax filing status. This is called IRMAA (Income Related Monthly Adjustment Amount). That is true for

Medicare Part D too. The monthly amount you will pay for the Medicare Part D plan you enroll in will be the plan's premium and an IRMAA amount. Remember, for those who are married, you and your spouse each must enroll in an individual Medicare Part D plan, and the IRMAA amount will apply to each of you. After you enroll in a Part D plan, whether through Medicare or through VIA Benefits, Medicare will inform you about the IRMAA amount you will be charged.

***Will any of this have an impact on the BlueCross Blue Shield group medical insurance coverage I have through the State of Maryland?***

NO! Remember, the only plan that is ending for retirees is the State Prescription Drug Plan. As a retiree, Medicare Parts A and B cover your hospital and physician costs, and the BlueCross BlueShield group medical insurance you pay for through the State is secondary insurance to that. The only connection between the two is that to be eligible for the two special State programs discussed above, you must continue this secondary group medical coverage through the State.

***What should I keep in mind about "Medicare Advantage" plans?***

Medicare Part C combines Medicare Parts A, B, and D and is similar to managed care policies. They often are called Medicare Advantage plans. These plans are available on Medicare.gov. VIA Benefits does not offer Medicare Part C plans.

If you are considering a Medicare Part C/Medicare Advantage plan be very careful and ask questions. If you enroll in such a plan, you may lose the ability to participate in the BlueCross BlueShield group medical insurance policy discussed above. You need to carefully consider that risk, as once out of the group medical insurance plan you may not be able to reenter it.

***Does the Judiciary have programs coming up that might help me?***

YES! On October 18, 2024, from 8:30 a.m. to 4:30 p.m., the Judiciary will be holding Senior Technology Day, part of which will be devoted to the process of enrolling in a Medicare Part D prescription drug plan. It will take place at the Maryland Judicial Center, 187 Harry S Truman Parkway, Annapolis, MD 21401. You may sign up to attend, but enrollment is limited to 85 people. For that reason, the presentation will be live streamed. If you

are interested, please contact Peter Saquella at [peter.saquella@mdcourts.gov](mailto:peter.saquella@mdcourts.gov) or 410-260-3657.

The Senior Judges Committee will be contacting you about learning sessions that will take place in November and December 2024.

***Who can I contact if I have questions?***

You may email [Retiredjudgesrx@mdcourts.gov](mailto:Retiredjudgesrx@mdcourts.gov) and pose questions. That email address will be monitored by Peter Saquella and Judge Lynne Battaglia.

You may email John Cocchiara, Center for Medicare & Medicaid Services (CMS), at [John.Cocchiara@cms.hhs.gov](mailto:John.Cocchiara@cms.hhs.gov).

You may call VIA Benefits at 1-855-556-4419 (TTY:711).

You may call Medicare at 1-800-633-4227.

You may contact the Department of Budget and Management at [dbm.maryland.gov/benefits/Pages/Retirees.aspx](http://dbm.maryland.gov/benefits/Pages/Retirees.aspx) and click on the FAQ under Helpful Links.

**THE SENIOR JUDGES COMMITTEE WILL CONTINUE TO  
WORK HARD TO GET YOU THE INFORMATION YOU NEED TO  
MAKE THE TRANSITION TO A MEDICARE PART D  
PRESCRIPTION DRUG PLAN.**

**THANK YOU FOR YOUR PATIENCE AND UNDERSTANDING!!**

**THE SENIOR JUDGES COMMITTEE**